



## COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY  
DOWNEY, CALIFORNIA 90242

(562) 940-2501



**CALVIN C. REMINGTON**  
Interim Chief Probation Officer

September 8, 2016

TO: Supervisor Hilda L. Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

FROM: Calvin C. Remington *CC Remington*  
Interim Chief Probation Officer

SUBJECT: **EGGLESTON YOUTH CENTER GROUP HOME CONTRACT  
COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Eggleston Youth Center, operated by Eggleston Youth Center, Inc., in March 2016. Eggleston Youth Center has six (6) contracted homes within Los Angeles County: Eggleston Youth Center I, Eggleston Youth Center II, Eggleston Transitional Group Home and Eggleston Youth Center V, are located in the First Supervisorial District of Los Angeles; Eggleston West Covina Group Home and Eggleston Emancipation Group Home are located in the Fifth Supervisorial District of Los Angeles. They provide services to Los Angeles County Probation foster children and the Department of Children and Family Services (DCFS) foster children. According to the Eggleston Youth Center program statement, its purpose is to provide residential care and treatment to boys who have behavioral, social and emotional difficulties and who are delinquent, severely emotionally disturbed and with severe behavioral problems that require extensive social work and mental health treatment, behavioral interventions and intense supervision.

All Eggleston Youth Center sites are a 6-bed home and licensed to serve a capacity of 6 (six) boys in each home, 13-18 years old. At the time of review, Eggleston Youth Center was serving 14 Los Angeles County Probation foster children and 14 Los Angeles County DCFS foster children. The placed children's overall average length of placement was seven (7) months, and their average age was seventeen (17) years old.

Seven (7) children were randomly selected for the interview sample, two (2) DCFS children and five (5) Probation children. There was one (1) child in the sample who was prescribed psychotropic medication, and that case was reviewed for timeliness of Psychotropic

Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files, two (2) DCFS and three (3) Probation, were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

### **SUMMARY**

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Eggleston Youth Center and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Eggleston Youth Center was in compliance with five (5) of the 10 areas of the Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

Although, PPQA/GHM noted deficiencies in five (5) out of the 10 areas, there were no egregious findings or child safety issues in any of the areas; however, there were repeated findings in four (4) of the five (5) areas from last year's review. In the area of "Licensure/Contract Requirements", Eggleston Youth Center needed to ensure that all vehicles used to transport residents be in good repair and free of graffiti. In the area of "Facility and Environment," Eggleston Youth Center needed to make minor repairs, in that there were loose bricks and a broken vent in the backyard at one their sites, ensure that all beds were secure, all graffiti is removed and broken mirror is repaired at another site. In the area of "Maintenance of Required Documentation and Service Delivery", Eggleston Youth Center needs to ensure that all Initial Needs and Service Plan boxes are marked correctly. Also, all Quarterly Needs and Service Plans need to be child-specific. In the area of "Personal Rights and Social/Emotional Well-Being", Eggleston Youth Center failed to ensure that all children are provided transportation to religious services. In the area of "Personnel Records", Eggleston Youth Center needed to ensure that all personnel files have the proper qualifications and experience paperwork for each employee.

### **REVIEW OF REPORT**

On April 29, 2016, Probation PPQA Monitor Joseph Ninofranco held an Exit Conference with Eggleston Youth Center Administrator Clarence Brown. Administrator Brown agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Eggleston Youth Center provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted, and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, due to repeated deficiencies, an additional follow up will be

conducted to ensure the agency's adherence to their CAP. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

CCR:FC  
LCM:ae

#### Attachments

c: Sachi A. Hamai, Chief Executive Officer  
Lori Glasgow, Executive Officer, Board of Supervisors  
John Naimo, Auditor-Controller  
Phillip L. Browning, Director, Department of Children and Family Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Latasha Howard, Probation Contracts  
Clarence Brown, Eggleston Youth Center Administrator  
Community Care Licensing

**EGGLESTON YOUTH CENTER GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**Eggleston Youth Center I**  
**License # 197806346**  
**Rate Classification Level: 12**

**Eggleston Emancipation Group Home**  
**License# 197806369**  
**Rate Classification Level: 12**

**Eggleston Youth Center II**  
**License# 197806348**  
**Rate Classification Level: 12**

**Eggleston Youth Center V**  
**License# 197806347**  
**Rate Classification Level: 12**

**Eggleston West Covina**  
**License# 197806374**  
**Rate Classification Level: 12**

**Eggleston Transitional Group Home**  
**License# 197806370**  
**Rate Classification Level: 12**

	<b>Contract Compliance Monitoring Review</b>	<b>Findings: March 2016</b>
<b>I</b>	<b><u>Licensure/Contract Requirements</u></b> (9 Elements) <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Transportation Needs Met</li> <li>3. Vehicle Maintained In Good Repair</li> <li>4. Timely, Cross-Reported SIRs</li> <li>5. Disaster Drills Conducted &amp; Logs Maintained</li> <li>6. Runaway Procedures</li> <li>7. Comprehensive Monetary and Clothing Allowance Logs Maintained</li> <li>8. Detailed Sign In/Out Logs for Placed Children</li> <li>9. CCL Complaints on Safety/Plant Deficiencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> </ol>
<b>II</b>	<b><u>Facility and Environment</u></b> (5 Elements) <ol style="list-style-type: none"> <li>1. Exterior Well Maintained</li> <li>2. Common Areas Maintained</li> <li>3. Children's Bedrooms</li> <li>4. Sufficient Recreational Equipment/Educational Resources</li> <li>5. Adequate Perishable and Non-Perishable Foods</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> </ol>
<b>III</b>	<b><u>Maintenance of Required Documentation and Service Delivery</u></b> (10 Elements) <ol style="list-style-type: none"> <li>1. Child Population Consistent with Capacity and Program Statement</li> <li>2. County Worker's Authorization to Implement NSPs</li> <li>3. NSPs Implemented and Discussed with Staff</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> </ol>



	<ol style="list-style-type: none"> <li>4. Children Progressing Toward Meeting NSP Case Goals</li> <li>5. Therapeutic Services Received</li> <li>6. Recommended Assessment/Evaluations Implemented</li> <li>7. County Workers Monthly Contacts Documented</li> <li>8. Children Assisted in Maintaining Important Relationships</li> <li>9. Development of Timely, Comprehensive Initial NSPs with Child's Participation</li> <li>10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation</li> </ol>	<ol style="list-style-type: none"> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Improvement Needed</li> <li>10. Improvement Needed</li> </ol>
IV	<b><u>Educational and Workforce Readiness</u></b> (5 Elements) <ol style="list-style-type: none"> <li>1. Children Enrolled in School Within Three School Days</li> <li>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals</li> <li>3. Current Report Cards Maintained</li> <li>4. Children's Academic or Attendance Increased</li> <li>5. GH Encouraged Children's Participation in YDS/ Vocational Programs</li> </ol>	Full Compliance (ALL)
V	<b><u>Health and Medical Needs</u></b> (4 Elements) <ol style="list-style-type: none"> <li>1. Initial Medical Exams Conducted Timely</li> <li>2. Follow-Up Medical Exams Conducted Timely</li> <li>3. Initial Dental Exams Conducted Timely</li> <li>4. Follow-Up Dental Exams Conducted Timely</li> </ol>	Full Compliance (ALL)
VI	<b><u>Psychotropic Medication</u></b> (2 Elements) <ol style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication</li> <li>2. Current Psychiatric Evaluation Review</li> </ol>	Full Compliance (ALL)

VII	<b><u>Personal Rights and Social/Emotional Well-Being</u></b> <b>(13 Elements)</b> <ol style="list-style-type: none"> <li>1. Children Informed of Group Home's Policies and Procedures</li> <li>2. Children Feel Safe</li> <li>3. Appropriate Staffing and Supervision</li> <li>4. GH's efforts to provide Meals and Snacks?</li> <li>5. Staff Treat Children with Respect and Dignity</li> <li>6. Appropriate Rewards and Discipline System</li> <li>7. Children Allowed Private Visits, Calls and Correspondence</li> <li>8. Children Free to Attend or not Attend Religious Services/Activities</li> <li>9. Reasonable Chores</li> <li>10. Children Informed About Their Medication and Right to Refuse Medication</li> <li>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care</li> <li>12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)</li> <li>13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Needs Improvement</li> <li>9. Full Compliance</li> <li>10. Full Compliance</li> <li>11. Full Compliance</li> <li>12. Full Compliance</li> <li>13. Full Compliance</li> </ol>
VIII	<b><u>Personal Needs/Survival and Economic Well-Being</u></b> <b>(7 Elements)</b> <ol style="list-style-type: none"> <li>1. \$50 Clothing Allowance</li> <li>2. Adequate Quantity and Quality of Clothing Inventory</li> <li>3. Children's Involved in Selection of Their Clothing</li> <li>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items</li> <li>5. Minimum Monetary Allowances</li> <li>6. Management of Allowance/Earnings</li> <li>7. Encouragement and Assistance with Life Book</li> </ol>	<p>Full Compliance (ALL)</p>

IX	<b><u>Discharged Children</u></b> (3 Elements) <ol style="list-style-type: none"> <li>1. Children Discharged According to Permanency Plan</li> <li>2. Children Made Progress Toward NSP Goals</li> <li>3. Attempts to Stabilize Children's Placement</li> </ol>	Full Compliance (ALL)
X	<b><u>Personnel Records</u></b> (7 Elements) <ol style="list-style-type: none"> <li>1. DOJ, FBI, and CACIs Submitted Timely</li> <li>2. Signed Criminal Background Statement Timely</li> <li>3. Education/Experience Requirement</li> <li>4. Employee Health Screening/TB Clearances Timely</li> <li>5. Valid Driver's License</li> <li>6. Signed Copies of Group Home Policies and Procedures</li> <li>7. <u>All</u> Required Training</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> </ol>

**EGGLESTON YOUTH CENTER GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW  
FISCAL YEAR 2015-2016**

**SCOPE OF REVIEW**

The purpose of this review was to assess Eggleston Youth Center's compliance with the County contract and State regulations and include a review of the Eggleston Youth Center program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medication
- Personal Rights and Social Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, seven (7) placed children, two (2) DCFS children and five (5) Probation children, were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, one (1) placed child was prescribed psychotropic medication. Their case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files were reviewed to assess Eggleston Youth Center's compliance with permanency efforts.

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

**CONTRACTUAL COMPLIANCE**

The following five (5) areas were out of compliance.

**Licensure/Contract Requirements**

During an inspection of the Group Home vehicles, one vehicle used to transport children to and from school, to drug therapy, to religious services, to home passes and to outings was not kept in good repair. The vehicle had graffiti on the



back seat and a significant dent near the driver's side door. Furthermore, there was a rip on the driver's seat. All other vehicles were in good running and working condition and as an extra measure the Group Home had them inspected and certified by the California Highway Patrol.

### **Recommendation**

Eggleston Youth Center management shall ensure that:

1. All vehicles shall be in good repair for the safety of the Eggleston Youth Center Group Home children.

### **Facility and Environment**

An inspection of the interiors and exteriors of Eggleston Youth Center's six (6) facilities revealed some cosmetic deficiencies that require correction to the exterior, common areas and in the children's bedrooms.

At the Emancipation House, loose bricks and wooden planks were found in the front yard. In the backyard, a vent cover that is attached to the house is broken and bent. In Bathroom #1, there is a large mirror that is broken. In Bedroom #2, there is a hole on the closet door.

At Eggleston Youth Center I, there are loose soccer goal posts behind the shed. In the Recreation Room, there is graffiti on the closet. Also, there is graffiti in Bedroom #1 on a book, as well as a bent window screen. In Bedroom #2, there is graffiti on a notepad and behind a painting.

At Eggleston Youth Center II, there is graffiti on the closet of Bedroom #3.

At Eggleston Youth Center V, Bedroom #2 has a ripped screen.

At the West Covina House, Bedroom #2 has a broken door stopper.

At the Transitional House, Bedroom #1 has a ripped screen.

### **Recommendation**

Eggleston Youth Center management shall ensure that:

1. All of the aforementioned physical deficiencies cited to the exterior areas are corrected and repaired in a timely fashion.

2. All of the aforementioned physical deficiencies cited in the common areas are corrected and repaired in a timely fashion.
3. All of the aforementioned physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely fashion.

#### **Maintenance of Required Documentation and Service Delivery**

Seven (7) children's Needs and Services Plans (NSPs) were reviewed. Of those reviewed, one (1) Initial NSP had the exact same wording for both the Case Plan Goal and the Concurrent Case Plan Goal. Also, in the same file, two NSPs were marked "Initial Plan."

Of the seven (7) children's NSPs reviewed, one (1) Updated NSP was not child specific, as another resident's name was mentioned in the narrative, indicating that the document may have been cut and pasted from another child's NSP.

#### **Recommendation**

Eggleston Youth Center management shall ensure that:

1. The treatment team shall develop comprehensive Initial NSPs with two different Permanency Goals in the event that the first Case Plan Goal is not achieved. Furthermore, all children's NSPs are thoroughly reviewed from error and that all appropriate boxes are checked correctly.
2. The treatment team shall develop comprehensive Updated NSPs that are child specific for each individual child.

#### **Personal Rights and Social/Emotional Well-Being**

Eggleston Youth Center transports children to all doctor and dentist appointments, as well as all therapy sessions. However, during a child interview, one child expressed a desire to go to religious services, but was told by Group Home staff that he was not allowed due to him being on Probation. Youth was informed that he has all the personal rights of any foster youth regardless of his Probation status, unless there is a documented explanation in his NSP, and he was reminded of the grievance process. In addition, Eggleston will train all staff on this issue.

#### **Recommendation**

Eggleston Youth Center management shall ensure that:

1. All children are transported to religious services when requested, regardless of Probation status.

### **Personnel Records**

A review of the Personnel Records revealed that one (1) of the five (5) personnel files did not have the appropriate education or experience requirements documentation for that employee.

### **Recommendation**

Eggleston Youth Center management shall ensure that:

1. Group Home employees have all appropriate educational and experience requirement documentation in their Personnel Files.

### **PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA/GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

PPQA/GHM's last compliance report dated October 20, 2015, identified nine (9) recommendations.

### **Results**

Based on the follow-up, Eggleston Youth Center fully implemented three (3) of the nine (9) previous recommendations for which they were to ensure that:

- All resident's files have accurate accounting of clothing and allowance logs. Also, the logs must include a standing balance in order for the resident to know the available balance in their account.
- All recreational equipment/educational resources are sufficient and in good repair.
- The treatment team shall develop comprehensive Updated NSPs that fully list all special incidents for that particular child. All NSPs reviewed had the special incidents listed.

However, the follow-up discovered that Eggleston Youth Center failed to fully implement six (6) of the previous nine (9) recommendations, for which they were to ensure that:

- All vehicles shall be in good repair for the safety of the Eggleston Youth Center Group Home residents.
- The exterior of the Group Home still had loose bricks and wooden planks.
- The common areas of the Group Home still had graffiti and ripped screens.
- The interior and bedrooms of the Group Home still had graffiti.
- The treatment team did not develop comprehensive initial NSPs detailing a different Concurrent Plan Goal in the event that the Case Plan Goal is not achieved.
- Group Home employees have all appropriate educational and experience requirement documentation in their Personnel files.

**MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER**

A current fiscal review of Eggleston Youth Center was not scheduled for this fiscal period by the Department of Auditor Controller.



## *Eggleston Youth Centers, Inc.*

Administrative Office  
13001 Ramona Blvd. Suite E  
Irwindale, CA 91706  
Phone (626) 480-8107 Fax (626) 480-7688

### I. LICENSURE/CONTRACT REQUIREMENTS

3. Does the group home maintain vehicle in which the children are transported in good repair? (SAFETY)

**Deficiency Sited:** EYC van 8Z94851 has a ripped driver's seat, a dent on the driver's side, and the back seat has graffiti on the back.

**Status:** (Implemented) The driver's seat in van 8Z94851 was repaired; and the graffiti on the back of the back seat was cleaned and painted over. The dent on the driver's side of the van is scheduled for repair on 6/1/16

**Plan to prevent reoccurrence:** Administrators will ensure that the group home vehicles in which children are transported in are in good repair by conducting weekly inspections of the van, graffiti will be removed with graffiti cleaner immediately and any non-hazardous repairs will be taken to the repair shop within 72 hours; hazardous repairs will be taken to the repair shop immediately or within 24 hours.

**Person responsible for implementing corrective action plan:**

Administrators will be responsible for implementing this plan.

**Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended:** Administrators will be responsible for ensuring that this procedure takes place on a weekly basis and that we remain in compliance.

### II. FACILITY AND ENVIRONMENT

10. Are the exterior and grounds of the group home well maintained? (Front and back yards clean, and adequately landscaped; condition of home exterior, driveway, walkways and fences; window screens) (SAFETY)

**Deficiency Sited:**

- a) EYC I: Loose metal soccer goal posts
- b) Emancipation House: Loose bricks and wood on driveway near front planters and broken vent cover in backyard

**Status:** (Implemented)

- a) EYC I: The loose metal soccer goal posts were removed and safely stored inside the storage room.
- b) Emancipation House: The loose bricks and the wood in the driveway near front planters were removed and the broken vent cover in the backyard

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*Clarence Brown*

Date 5/31/16



was removed and a new vent cover was replaced.

**Plan to prevent reoccurrence:** Administrators will conduct daily morning inspections to ensure that the exterior and the grounds are well maintained. Eggleston has hired an additional maintenance repair man on an on-call part time basis to assist our full time maintenance engineer with repairs. All needed repairs will be forwarded to maintenance personnel. All non-emergency repairs will be repaired within 72 hours and all emergency repairs will be repaired immediately. Daily facility inspection sheet will be completed.

**Person responsible for implementing corrective action plan:**

Administrators will be responsible for implementing this plan.

**Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended:** Administrators will be responsible for ensuring that this procedure takes place on a weekly basis and that we remain in compliance.

11. Are common quarters well maintained? (Clean/sanitary; neat; adequate furniture and lighting; home-like environment, no safety hazards) (SAFETY)

**Deficiency Sited:**

- a) EYC I: Graffiti on closet of Recreation Room
- b) Emancipation House: Broken mirror in the bathroom

**Status: (Implemented)**

- a) EYC I: The graffiti on the closet of the Recreation Door was cleaned and removed with graffiti cleanser
- b) Emancipation House: The broken mirror in the bathroom was removed and replaced with a new mirror.

**Plan to prevent reoccurrence:** Administrator will conduct daily morning inspections to ensure that common quarters are well maintained. Eggleston has hired an additional maintenance repair man on an on-call part time basis to assist our full time maintenance engineer with repairs. All needed repairs will be forwarded to maintenance personnel. All non-emergency repairs will be repaired within 72 hours and all emergency repairs will be repaired immediately. Daily facility inspection sheet will be completed.

**Person responsible for implementing corrective action plan:**

Administrators will be responsible for implementing this plan.

**Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended:** Administrators will be responsible for ensuring that this procedure takes place on a daily basis and that we remain in compliance.

12. Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable; adequate lighting; window coverings; and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age-appropriate decorations; and appropriate sleeping arrangements) (SAFETY)

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**Deficiency Sited:**

- a) EYC I: Bedroom #1 has a broken window screen and graffiti writing on a book; bedroom #2 graffiti on notepad and graffiti on painting.
- b) EYC II: Graffiti inside the closet of bedroom #3
- c) Emancipation House: Bedroom #2 has a hole in the closet door
- d) West Covina: Bedroom #2 has a broken door stopper.
- e) EYC V: Bedroom #2 has a ripped screen
- f) Transitional GH: Bedroom #1 has a ripped screen.

**Status: (Implemented)**

- a) EYC I: The window screen in bedroom #1 was repaired and In bedroom #2 the notepad with graffiti on it was discarded and the graffiti on painting was removed and cleaned with graffiti cleanser.
- b) EYC II: The graffiti inside the closet of bedroom #3 was cleaned and removed with graffiti cleanser.
- c) Emancipation House: The hole in the closet of bedroom #2 was repaired.
- d) West Covina: The broken door stopper in bedroom #2 was removed and discarded.
- e) EYC V: The ripped screen in bedroom #2 was repaired.
- f) Transitional GH: The screen in bedroom #1 was repaired.

**Plan to prevent reoccurrence:** Administrator will conduct daily morning inspections to ensure that the children's bedrooms are well maintained. Eggleston has hired an additional maintenance repair man on an on-call part time basis to assist our full time maintenance engineer with repairs. All needed repairs will be forwarded to maintenance personnel. All non-emergency repairs will be repaired within 72 hours and all emergency repairs will be repaired immediately. Daily facility inspection sheet will be completed.

**Person responsible for implementing corrective action plan:**

Administrators will be responsible for implementing this plan.

**Person responsible for monitoring to ensure corrective action plan**

**remains implemented and is working as intended:** Administrators will be responsible for ensuring that this procedure takes place on a daily basis and that we remain in compliance

**III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY**

23. Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING)

**Deficiency Sited:** Both youth's NSPs are marked "initial plan" and both Case plan goals boxes are the same.

**Status: (Implemented)** The Quarterly NSP's correct box was marked for the

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Quarterly NSP Report and the Quarterly NSP Goal was modified because during this time period, the case plan goal and concurrent case plan goal changed to family reunification with parents and concurrent case plan goal of PPLA/Transition.

**Plan to prevent reoccurrence:** Group Home Social Worker will be responsible for reviewing the NSP reports prior to submission and will conduct monthly audits on NSP reports. Supervising Social Worker will have a final review of the NSP Reports to ensure that the NSP reports are developed timely and comprehensive with the participation of the developmentally age appropriate child.

**Person responsible for implementing corrective action plan:** Group Home Social Worker is responsible for implementing the plan.

**Person responsible for monitoring to ensure corrective action remains implemented and is working as intended:** Group Home Administrator and Group Home Social Worker will be responsible for ensuring that this procedure takes place monthly and that we remain in compliance.

24. Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING)

**Deficiency Sited:** Quarterly NSP dated 2/24/16 is cut and pasted, as another resident's name is mentioned.

**Status:** (Implemented) The quarterly NSP dated 2/24/16 that was cut and pasted has been corrected and the other residents name was removed.

**Plan to prevent reoccurrence:** Group Home Social Worker will be responsible for reviewing the Updated Quarterly NSP reports prior to submission and will conduct monthly audits on updated reports. Supervising Social Worker will have a final review of the Updated Quarterly NSP Reports to ensure that the reports are developed timely and comprehensive with the participation of the developmentally age appropriate child.

**Person responsible for implementing corrective action plan:** Group Home Social Worker is responsible for implementing the plan.

**Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended:** Group Home Administrator and Group Home Social Worker will be responsible for ensuring that this procedure takes place monthly and that we remain in compliance.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

43. Are children free to attend or not to attend religious services and activities of their choice? (WELL-BEING)

**Deficiency Sited:** One youth stated that he asked to go to church, but was told "no" because he is on probation.

**Status:** (Implemented) A memo was posted at each group home site so that minors are aware that they have the right to attend religious services as they choose to.

Executive Director, Mr. Clarence Brown

*Clarence Brown*

Date 5/31/16

**Plan to prevent reoccurrence:** Group Home Administrators will ensure that this memo remains posted for residents view.

**Person responsible for implementing corrective action plan:**

Group Home Administrators are responsible for implementing this plan.

**Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended:**

Administrators will ensure that this procedure remains intact and that we remain in compliance.

X. PERSONNEL RECORDS

61. Do GH staff who have direct contact with children meet the educational/experience requirements?

**Deficiency Sited:** There is no degree or transcripts available for an employee regarding qualifications (SAFETY)


**Status:** (Implemented) A copy of staff's high school diploma was obtained and filed in employee's file.

**Plan to prevent reoccurrence:** Prior to employment, Human Resources Department will ensure that all staff meet the educational/experience requirements prior to employment. All educational experience requirements will be forwarded to the Executive Director for final approval.

**Person responsible for implementing corrective action plan:** Human Resources Nelia Arzate is responsible for implementing this plan.

**Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended:** Human Resources Nelia Arzate will be responsible for ensuring that this procedure takes place and that we remain in compliance.

Executive Director, Mr. Clarence Brown



Date 5/31/16

